	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number					
		CLAIMS AS FILED - PART I (Column 1) (Column 2)							ENTITY)	OR	OTHER THAN SMALL ENTITY			
	J.S. NATION	AL STAGE FEĖ	S					RATE		FÉE		RATE		FEE	
E	BASIC FEE		SMALL	SMALL ENT. = \$ 150		IGE ENT. = \$ 300	1	BASIC FEE			OR	BASIC FEE	1=	3 02	
E	NOITANIMAX	FEE	2	Salisfies PCT Article 33(1)- (4) :=\$:50 / \$-100		ther situations = \$100/\$200 ···	1	EXAM. FEE				EXAM FEE		200	
SEARCH FEE			ALL other	U.S. is ISA = \$50 / \$ 100 ALL other countries = \$200 / \$400		All other situations = \$ 250 / \$ 500		SEARCH FEE				SEARCH FE		400	
FI	EE FOR EXTR	A SPEC. PGS.	п	minus 100 =		/50 =		X \$ 125 =				X \$ 250 =	-	0	
TO	OTAL CHARGE	EABLE CLAIMS	29	2 9 minus 20 = .		7	×			\neg	ЭŔ	X \$ 50 =	4	150	
Z	DEPENDENT	CLAIMS	2	2 minus 3 = .		0		X \$ 100 =			OR	X \$ 200 =	1	2	
M	MULTIPLE DEPENDENT CLAIM PRESENT							+ \$ 180 =	=		OR	+ \$ 360 =	1	う	
·	* If the difference in column 1 is less than zero, enter "0" in column 2									J	R	TOTAL	13	50	
.}	26/0	CLAIMS AS (Column 1)	S AMENDE	(Columi	n 2)	(Column 3)		SMALL	ENTITY	0	R	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONA FEE			RATE	TIC	DDI- DNAL EE	
	Total	1.29	Minus	-29		= 0		X \$ 25 =		OF	٦[X \$ 50 =			
	Independent	. 2	Minus	-3		· 0	L	X \$ 100 =		OF	3	x \$ 200 =			
	FIRST PRE	SENTATION OF I	MULTIPLE DEF	TIPLE DEPENDENT CLAIM			L	+ \$ 180 =		OF	1/2	\$ 360 =			
	•		T	FEE		ÓR	TC	TAL ADDIT. FEE		了					
	,	(Column 1)		(Column :	2)	(Column 3)									
MENOMENT 8	,	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE			RATE	ADI TION FEI	IAL	
	Total	•	Minus	••	5			< \$ 25 =		OR	×	\$ 50 =]	
	Independent	•	Minus	***	=		×	\$ 100 =		OR	×	\$ 200 =		7	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	\$ 180 =		OR	+:	\$ 360 =		7	
			10	FEE		OR	TOT	ALADDIT. FEE		\Box					
							•	•							
. K	the "Highest Mur the "Highest Nur	nn 1 is less than the nber Previously Paid nber Previously Paid ber Previously Paid I	For IN THIS SPA	ACE is less than ACE is less than	'20', en	ਕ ਹ .	ne ebt	ropriate box ir	n column 1.						

FORM PTO-876 (Rev. 02/2005)

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